PTO/SB/81 (01-09)

Approved for use through 11/30/2011. OMB 9551-039.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

POWER OF ATTORNEY
OR
REVOCATION OF POWER OF ATTORNEY
WITH A NEW POWER OF ATTORNEY
AND

Application Number 10/599,399 Filing Date March 16, 2007 First Named Inventor Sarah Michaile Lipman Title CONTROL APPARATUS Art Unit 2629 Examiner Name Antonio J. Xavier

CHANGE OF CORRESPONDENCE ADDRESS		AIL ONE	2629		
		Examiner Name	Antonio J. Xavier		
		Attorney Docket Number	POMOR GROOM		
I hereby revoke all previous powers of attorney given in the above-identified application.					
A Removal dentified application.					
A Power of Attorney is submitted herewith.					
Number as n identified abo and Tradema	oint Practitioner(s) associated with the following ny/our attorney(s) or agent(s) to prosecute the a ove, and to transact all business in the United S ark Office connected therewith:	Customer pplication lates Patent	24201		
OR I hereby appoint Practitioner(s) named below as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:					
1	Practitioner(s) Name				
		Reg	Registration Number		
·					
ļ					
<u> </u>					
Please recognize or change the correspondence address for the above-identified application to:					
Lineage LEMORITIES	or change the correspondence address	ss for the above-identific	ad application to		
The address a	ssociated with the above-mentioned Customer	Number	application to:		
OR					
The address associated with Customer Number;					
OR					
Firmor					
Individual Name					
Address					
City			i		
Country	· · · · · · · · · · · · · · · · · · ·	State	Zip		
Telephone					
am the:					
Applicant/Inventor.					
OR					
Assignee of record of the entire interest. See 37 CFR 3.71.					
Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on					
SIGNATURE 91 Applicant or Assignee of Record					
ignature Vame	$\sim \alpha \alpha \alpha V V / / 1$	Date	1.70		
	Sarah M. Lipman		May 6,2010		
	ite and Company Founder, Power2B Mc Velephone 310-392-1414				
OTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one					
"Total of	forms are submitted.	1,75			
	his profession of lef.				

This collection of information is required by 37 CPR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CPR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including getthering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the inclividual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Office, U.S. Department of Commerce, P.O. Box 1460, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Commissioner for Patents, P.O. Box 1460, Alexandria, VA 22313-1450.

if you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.